

CONFIDENTIAL RECORD SHEET  
REGISTRATION SERVICE  
BOY SCOUTS OF AMERICA

Council No. 87 Date 9/20/89

Full name Stiefel, Ronald K.  
(no initials if you can possibly get full name)

Social Security Number [REDACTED]

Address [REDACTED]

City Palatka State FL ZIP Code 32078

Date of Birth 4/10/46 (This is important and should be exact.)

Approximate age ----- (To be used ONLY when date of birth is not known.)

Religion ----- Nationality -----

Occupation Nursing Education -----

Weight 175 Height 5' 10" Race Caucasian

Color of hair Dark Brown Color of eyes -----

Outstanding characteristics or interests -----

Married or single Married Children [REDACTED]  
(Number, ages, and names, if possible)

Spouse's name [REDACTED]

Scouting connections: Chartered organization -----

Unit No. 234 City Palatka State FL

Position Webelos Leader Date registered 9/88 Date resigned 9/1/89

Special recognition -----

Suspended or denied registration for following reasons: Pleaded guilty to Lewd & Lascivious  
assault upon a child - sentenced to 15 years in prison.  
SPECIFY THE FACTS WHICH LEAD YOU TO RECOMMEND DENIAL OF REGISTRATION,  
INCLUDING HOW THE INFORMATION CAME TO THE COUNCIL'S ATTENTION, AND LIST  
ATTACHED SUPPORTING DOCUMENTS (STATE ONLY KNOWN FACTS, NOT RUMOR, CON-  
JECTURE, OR SPECULATION):

replied to Dallas  
9/21/89 JH Moore

Signed Frank Rains  
SCOUT EXECUTIVE

Council NORTH FLORIDA #87

READY FOR FILE

OCT 19 1989

A. GRANT

October 19, 1989

Mr. Frank N. Rains  
Scout Executive  
North Florida Council, No. 87

PERSONAL AND CONFIDENTIAL

SUBJECT: RONALD K. STIEFEL

Dear Frank:

Thank you for the detailed information sent concerning the above Scouter. This case has been reviewed with our attorney and is now on our permanent Confidential File.

Sincerely,

Paul Ernst, Director  
Registration Service

ag

cc: Southeast Region

CONF012153

**MEMO**

TO: Paul

DATE 9/21/89

Those two are in jail - no problems  
anticipating -  
Call if you have questions -  
Sincerely,

*Steven K. Moore*

Steven K. Moore  
Director of Support Service



NORTH FLORIDA COUNCIL  
BOY SCOUTS OF AMERICA

521 S. Edgewood Avenue  
Jacksonville, Florida 32205-5359

Ronald K. Stiefel 1169-G70  
[REDACTED]

September 1, 1989

Blountstown, Fl. 32424 Legal Mail

Dear Mr. Stiefel:

After careful review, we have decided that registration with the Boy Scouts of America should not be accepted. We are therefore compelled to request that you sever any relations that you may have with the Boy Scouts of America.

You should understand that B.S.A. membership registration is a privilege and is not automatically granted to everyone who applies. We reserve the right to refuse registration whenever there is a concern that an individual may not meet the high standards of membership which the B.S.A. seeks to provide for American youth.

If you wish to have this decision reviewed by a council review committee, please write to me within 60 days of the date of this letter, explaining your version of the facts supporting your claim that your registration as a B.S.A. member should be granted. The procedures for a review of this decision are attached.

Sincerely yours,

Earl Crittenden  
President

*Added to CF file  
Deleted from reg.  
file 9/24/89  
cm*



A United Way

Agency of Alachua, Columbia, Marion, Northeast Florida and St. Johns County United Ways.

Serving the North Florida Counties of Alachua, Baker, Bradford, Clay, Columbia, Duval, Gilchrist, Hamilton,  
[REDACTED] and Union

CONF012155

## UNITED STATES POSTAL SERVICE

## OFFICIAL BUSINESS

## SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.



PENALTY FOR PRIVATE  
USE, \$300

## RETURN

TO

Attn: Steven  
Moore

Print Sender's name, address, and ZIP Code in the space below.

North 1/2 Council BSA

J2x. 1-6 32205

<p>● SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.</p> <p>Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.</p> <p>1. <input type="checkbox"/> Show to whom delivered, date, and addressee's address. (Extra charge)</p> <p>2. <input type="checkbox"/> Restricted Delivery (Extra charge)</p>	
<p>3. Article Addressed to:</p> <p>Mr Ronald K. Stiefel 116929-G70</p> <p>[Redacted Address]</p> <p>Blountstown, FL 32424 LEGAL MAIL</p>	<p>4. Article Number</p> <p>789339511</p> <p>Type of Service:</p> <p><input checked="" type="checkbox"/> Registered <input type="checkbox"/> Insured</p> <p><input type="checkbox"/> Certified <input type="checkbox"/> COD</p> <p><input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise</p> <p>Always obtain signature of addressee or agent and DATE DELIVERED.</p>
<p>5. Signature — Address</p> <p>X</p>	<p>8. Addressee's Address (ONLY if requested and fee paid)</p> <p>[Redacted Address]</p>
<p>6. Signature — Agent</p> <p>X Colburn CI</p>	
<p>7. Date of Delivery</p>	

PS Form 3811, Mar. 1988

\* U.S.G.P.O. 1988-212-865

DOMESTIC RETURN RECEIPT

CONF012156

CASE NUMBER: 89-0450 CF- M  
CURRENT TO.: 8/30/89 14:15 PAGE: 1

\*\*\*\*\*  
\*  
\* C R I M I N A L     D O C K E T \*  
\*  
\*\*\*\*\*

STATUS: DISPOSED  
TYPE.: CRIMINAL FELONY  
JUDGE.: ROBERT R PERRY

DEFENDANT'S NAME: STIEFEL, RONALD K                  DOB: 4/10/46                  \* IN JAIL \*

COUNT	DESCRIPTION OF CHARGE	FINAL ACTION	L D V G
I	LEWD OR LASCIVIOUS ASSAULT UPON CHILD	ADJUDGED GUILTY	F 2

RICHARD WHITSON ASSISTANT STATE ATTORNEY  
HARRY J RAYMOND PUBLIC DEFENDER

COMPLAINT DATE..	3/21/89	ARRAIGNMENT	:	5/01/89	:	0/00/00
ARREST DATE....	4/10/89	PRE-TRIAL	:	6/01/89	:	0/00/00
INFORMATION....	4/21/89	SENTENCING	:	7/18/89	:	0/00/00
CAS ISSUED..	3/31/89		:	0/00/00	:	0/00/00
REARREST DATE..	0/00/00		:	0/00/00	:	0/00/00
SPEEDY TRIAL....	10/07/89		:	0/00/00	:	0/00/00

FILE DATE	DCK#	D O C K E T	E N T R Y
3/31/89	1	COMPLAINT	
	2	WARRANT ISSUED	
4/11/89	3	ARREST REPORT - BOND SET AT \$1004.	
	4	AFFIDAVIT OF INSOLVENCY	
4/12/89	5	WARRANT RETURNED EXECUTED	
4/19/89	6	ARREST REPORT OTHER - FROM ALACHUA COUNTY	
4/20/89	7	NOTICE TO DEFENDANT	
4/21/89	8	INFORMATION	
5/01/89	9	ARRAIGNMENT MINUTES. DEFT PRESENT SWORN	ARRAIGNED DO

CLERK OF CIRCUIT AND COUNTY COURT  
PUTNAM COUNTY, FLORIDA

CASE NUMBER: 89-0452 CF- M  
CURRENT TO.: 8/30/89 14:15 PAGE:

\*\*\*\*\*  
\*  
\* C R I M I N A L D O C K E T \*  
\*  
\*\*\*\*\*

STATUS: DISPOSED  
TYPE.: CRIMINAL FELONY  
JUDGE.: ROBERT R PERRY

DEFENDANT'S NAME: STIEFEL, RONALD X

DOB: 4/10/46

\* IN JAIL

COUNT	DESCRIPTION OF CHARGE	FINAL ACTION	L I V C
I	LEWD OR LASCIVIOUS ASSAULT UPON CHILD	CONSOLIDATED	F C

\* PROS. ATTORNEY NOT FOUND \*

\* DEFENSE ATTORNEY NOT FOUND \* TYPE OF COUNSEL

COMPLAINT DATE..:	3/21/89	ARRAIGNMENT	:	5/01/89	:	0/00/00
ARREST DATE....:	4/10/89		:	0/00/00	:	0/00/00
INFORMATION....:	0/00/00		:	0/00/00	:	0/00/00
APIAS ISSUED...:	3/31/89		:	0/00/00	:	0/00/00
RE-ARREST DATE..:	0/00/00		:	0/00/00	:	0/00/00
SPEEDY TRIAL...:	10/07/89		:	0/00/00	:	0/00/00

FILE DATE DCK# D O C K E T E N T R Y

3/31/89	1	COMPLAINT
	2	WARRANT ISSUED
4/11/89	3	ARREST REPORT - BOND SET AT \$1004.
	4	AFFIDAVIT OF INSOLVENCY
4/12/89	5	WARRANT RETURNED EXECUTED
5/18/89	6	REQUEST FOR CONSOLIDATION AND CERTIFICATE - CASE TRANSFERRED INTO CASE NO. 89-450-CF-M.

# BOY SCOUTS OF AMERICA

## ADULT APPLICATION

### PART ONE

Please print one letter in each space—press hard; you are making three copies.

**UNIT SCOUTERS**

Check one  
☒ Pack No. 234  
☐ Troop No. \_\_\_\_\_  
☐ Team No. \_\_\_\_\_  
☐ Post No. \_\_\_\_\_  
☐ Ship No. \_\_\_\_\_

OR

**COUNCIL/DISTRICT SCOUTERS**

Council/district position \_\_\_\_\_  
 District No. 10

First name and initial  
 R O N A I D N S T I E F E L

Social Security number

\_\_\_\_\_

Additional address information (if necessary)

Address—street or R.F.D. \_\_\_\_\_

City P A I A T I C A State F I ZIP code 3 2 0 7 8

Home phone \_\_\_\_\_ Business phone \_\_\_\_\_

Date of birth  
 Month 04 Day 10 Year 86  
 Training—see cover ☐ Position—see cover WA

Present employment—occupation, employer, and business address

Florida Survivors Dining  
P.O. Box 610, Palatka, FL 32978

Years at this employment 92

Previous employment—occupation, employer, and business address

Working Field

Years at this employment 08

Boys' life ☐ Check one: ☒ New leader ☐ Former leader  
 Sex M Marital status M Number of children 5 Ages of children 19 13 11 6 5

Personal signature—see back cover

Ronald K. Stiehl

Date

9/18/95

Registration fee \$ \_\_\_\_\_ Boys' life fee \$ \_\_\_\_\_ Term (months) \_\_\_\_\_ Unit renewal date \_\_\_\_\_  
 Month \_\_\_\_\_ Year \_\_\_\_\_

Approval—see back cover (sign here and in part two)  
Don't know signed

FOR COUNCIL USE

Transfer from: Council \_\_\_\_\_ Nat'l unit No. \_\_\_\_\_ Member ID No. \_\_\_\_\_

If applicant has an unexpired membership certificate, registration may be accomplished by paying \$1 for processing the transfer. Check the box and attach certificate. It will be returned by the council.

120713



RUN DATE: 05-02-89  
RUN TIME: 14:29:43

NORTH FLORIDA COUNCIL 334

PAGE 1  
05/02/89

PACK 0-3234

R O S T E R

PALATKA

FL

DISTRICT NAME & NUMBER  
ST JOHN'S RIVER 10

COUNTY  
PUTNAM

LOCAL UNIT NO. STATUS  
124 3

REF: NUMBER: RENEWAL DATE  
12 5-21-89

CHARTERED ORGANIZATION NAME & ADDRESS  
UNITED METHODIST MEN OF TRINITY UNITED  
METHODIST CHURCH

CODE INSTITUTIONAL HEAD NAME ADDRESS PHONE  
003 JOHN F. SPRINGER 325-21

100% BSA'S LIFE 0

PALATKA FL 32077

PALATKA FL 32077

MEETING PLACE AND DAY

BOYS' LIFE: 12 2/83 7/89

ADULT MEMBER LISTING

LER NO FOS

PL ST NAME

ADDRESS

CITY STATE ZIP

DATE OF

BIRTH SEX PHONE

068753 CM R DAVID Hlem ANDREWS  
068762 TO R COLLEEN F ANDREWS  
084882 WL R JOHN D ECKE  
124707 BL M JOHN M COLLISON  
088428 MC R JENNIFER J CURTIS

110269 CC M DEBRA DIVER  
121672 MC M ANTHONY L DUNCAN  
110268 BL M DAVID GALVIN  
120781 BL M LAURIE J GALVIN

068757 EC M WILLIAM B HANCOCK  
→ 120782 WA M RONALD K STIEFEL

120782 BL M LYNN TAYLOR

068750 MC R BEVERLY K WHITE

12 ADULTS PRINTED

RUN DATE: 05/03/89  
RUN TIME: 14:19:48

NORTH FLORIDA COUNCIL PSA

PAGE 1  
10/1/89

PACK 0-3234

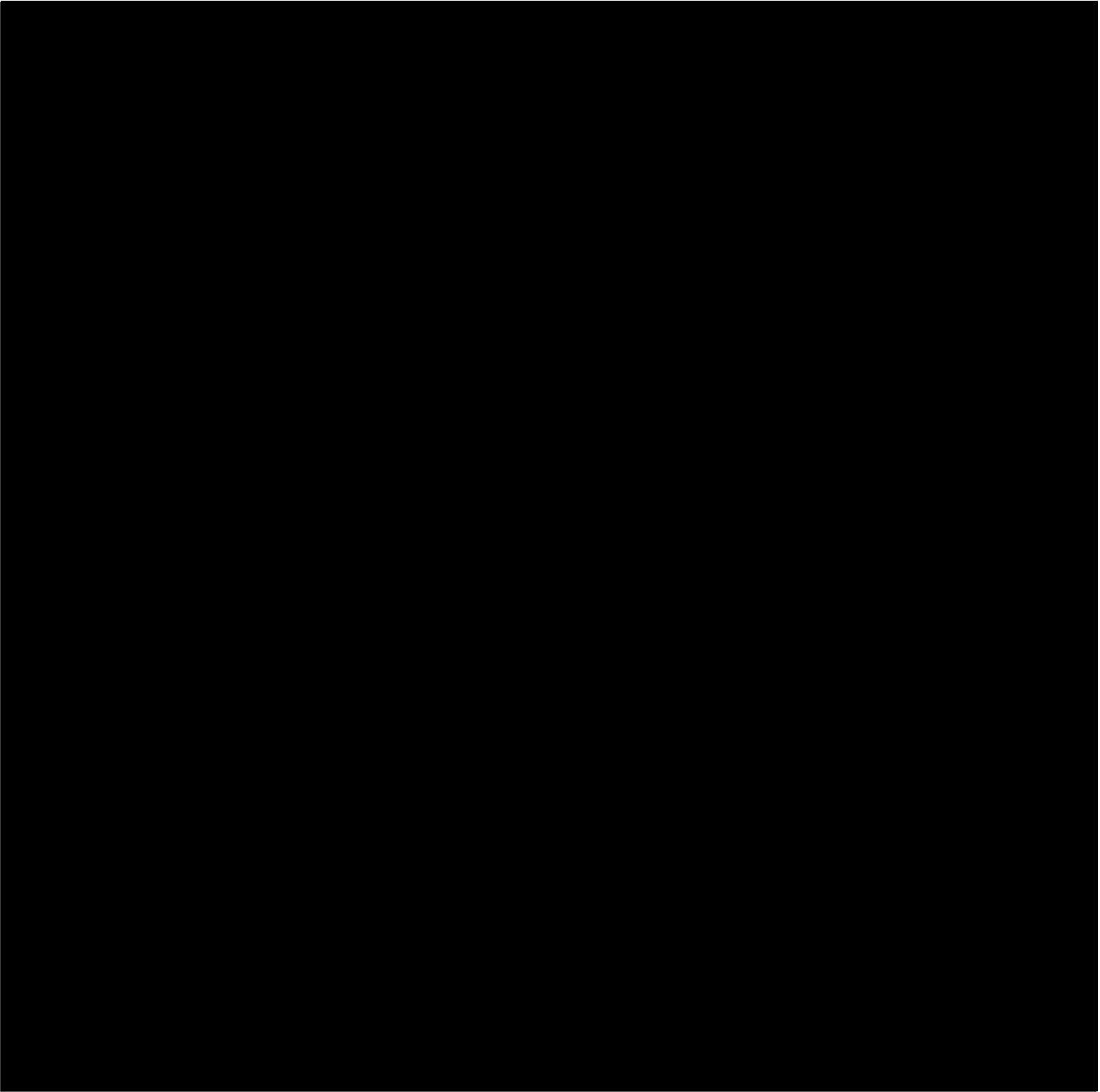
R O S T E R

FLORIDA

FL

YOUTH MEMBER LISTING

MEM NO	SNK	BL	ST	NAME	ADDRESS	CITY & STATE	LIF	GRADE	DATE OF BIRTH	SEX	PHONE
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RUN DATE: 05/03/92  
RUN TIME: 14:03:49

NORTH FLORIDA COUNCIL BSA

PAGE 1  
MAY 1992

PACK: C-0224

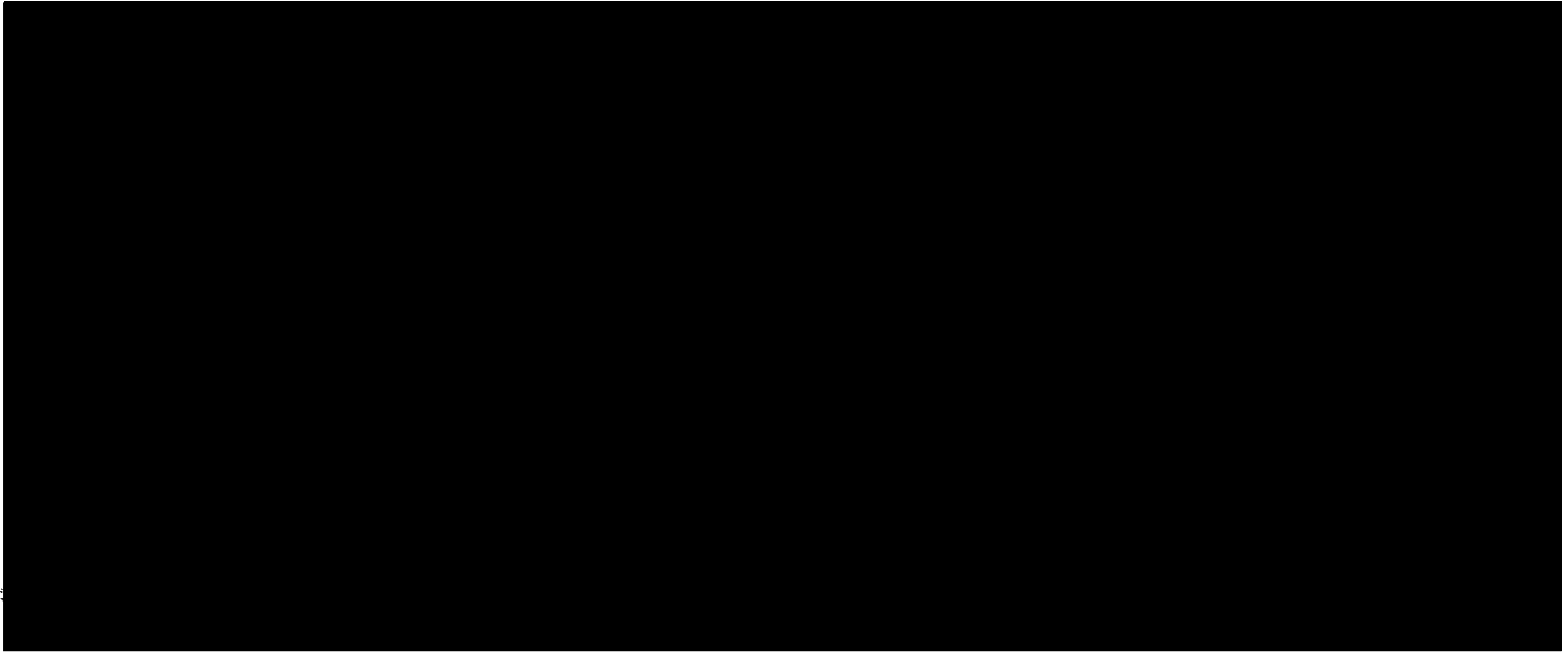
R O S T E R

PALETHA

FL

YOUTH MEMBER LISTING

MSR NO	BNK	BL	ST	NAME	ADDRESS	CITY & STATE	ZIP	GRADE	BIRTH	SEX	PHONE
--------	-----	----	----	------	---------	--------------	-----	-------	-------	-----	-------



UNIT TOTALS

BT TOTAL BO TOTAL  
BL TOTAL BO TOTAL  
BT TOTAL BL TOTAL

\*\*\* END OF REPORT \*\*\*

CONF012162

MS08

MEMBERSHIP SUPPORT SYSTEM

MEMBER DELETE

09/26/89  
08:06:43

CNCL 087 PRG/UNIT C3234 SEQ. 120783

FIRST: RONALD K

LAST : STIEFFL

ADDR1:

ADDR2: PALATKA

FL

ADDR3:

ADDR4:

ZIP: 32078

REG STATUS: D ENROLL: 1288 BIRTH: 0446 SEX: M AGENCY: M ADULT/YOUTH: A

POSITION: WA FINDERCODE: 00 PHONE: BULK: MAG-STATUS: S

REN DAT: 0589

TRANSFER FROM = CNCL: PGM/UNIT: SEQ: TRANSFER DATE:

--SOURCE--		PRICE	SUB	STRT	--COPIES--	ISSUES TO GO	AREAR	LAST LABEL	EXP			
TYPE	CNCL	P/UNT	CODE	TRM	DATE	FIRST	LAST	ORIG	TOTAL	COUNT	PRINTED	DAT
S			N	03	0189	0189	0589	00	000	00	2403	0589

PF2>DELETE PF12>MENU CLR>END  
MEMBER DELETED FROM DATABASE SUCCESSFULLY



BOY SCOUTS OF AMERICA

National Office  
1325 Walnut Hill Lane  
P.O. Box 152079, Irving, Texas 75015-2079  
[REDACTED]

October 19, 1989

Mr. Frank N. Rains  
Scout Executive  
North Florida Council, No. 87

PERSONAL AND CONFIDENTIAL

SUBJECT: RONALD K. STIEFEL

Dear Frank:

Thank you for the detailed information sent concerning the above Scouter. This case has been reviewed with our attorney and is now on our permanent Confidential File.

Sincerely,

Paul Ernst, Director  
Registration Service

ag

cc: Southeast Region

CONF012164



NORTH FLORIDA COUNCIL  
BOY SCOUTS OF AMERICA

521 S. Edgewood Avenue  
Jacksonville, Florida 32205-5359

Ronald K. Stiefel 1169-G70

September 1, 1989

32424 Legal Mail

Dear Mr. Stiefel:

After careful review, we have decided that registration with the Boy Scouts of America should not be accepted. We are therefore compelled to request that you sever any relations that you may have with the Boy Scouts of America.

You should understand that B.S.A. membership registration is a privilege and is not automatically granted to everyone who applies. We reserve the right to refuse registration whenever there is a concern that an individual may not meet the high standards of membership which the B.S.A. seeks to provide for American youth.

If you wish to have this decision reviewed by a council review committee, please write to me within 60 days of the date of this letter, explaining your version of the facts supporting your claim that your registration as a B.S.A. member should be granted. The procedures for a review of this decision are attached.

Sincerely yours,

Earl Crittenden  
President



Agency of Alachua, Columbia, Marion, Northeast Florida and St. Johns County United Ways.

Serving the North Florida Counties of: Alachua, Baker, Bradford, Clay, Columbia, Duval, Gilchrist, Hamilton, Levy, Marion, Nassau, Putnam, St. Johns, Suwannee, and Union.

CONF012165

UNITED STATES POSTAL SERVICE  
OFFICIAL BUSINESS

SENDER INSTRUCTIONS

- Print your name, address and ZIP Code in the space below.
- Complete items 1, 2, 3, and 4 on the reverse.
  - Attach to front of article if space permits, otherwise affix to back of article.
  - Endorse article "Return Receipt Requested" adjacent to number.



PENALTY FOR PRIVATE  
USE, \$300

RETURN  
TO

Attn: Steven Moore

Print Sender's name, address, and ZIP Code in the space below.

North Fl Canal BSA

Jax. FL 32205

<p>● SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.</p> <p>Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.</p> <p>1. <input type="checkbox"/> Show to whom delivered, date, and addressee's address. (Extra charge) 2. <input type="checkbox"/> Restricted Delivery (Extra charge)</p>	
3. Article Addressed to: MR Ronald K. Stiefel 116929-G70 Blountstown, FL 32424 LEGAL MAIL	4. Article Number 789339511 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COO <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise
5. Signature - Address X	Always obtain signature of addressee or agent and DATE DELIVERED.
6. Signature - Agent X Colburn CI	8. Addressee's Address (ONLY if requested and fee paid)
7. Date of Delivery	

PS Form 3811, Mar. 1988

U.S.G.P.O. 1988-212-865

DOMESTIC RETURN RECEIPT

CONF012166

## UNITED STATES POSTAL SERVICE

## OFFICIAL BUSINESS

## SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.



PENALTY FOR PRIVATE USE, \$300

## RETURN

TO

Attn: Steven Moore

Print Sender's name, address, and ZIP Code in the space below.

North Fl Council BSA

Jax. FL 32205

<p><b>SENDER:</b> Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.</p> <p>Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional service(s) requested.</p> <p>1. <input type="checkbox"/> Show to whom delivered, date, and addressee's address. 2. <input type="checkbox"/> Restricted Delivery (Extra charge)</p>	
<p>3. Article Addressed to:</p> <p>Mr Ronald K. Stiefel 116929-G70</p> <p>[Redacted Address]</p> <p>Blountstown, FL 32424 LEGAL MAIL</p>	<p>4. Article Number</p> <p>789339511</p> <p>Type of Service:</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Insured</p> <p><input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD</p> <p><input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise</p> <p>Always obtain signature of addressee or agent and DATE DELIVERED.</p>
<p>5. Signature — Address</p> <p>X</p>	<p>8. Addressee's Address (ONLY if requested and fee paid)</p> <p>[Redacted Address]</p>
<p>6. Signature — Agent</p> <p>X</p> <p>Coleman CI</p>	
<p>7. Date of Delivery</p>	

PS Form 3811, Mar. 1988

\* U.S.G.P.O. 1988-212-865

DOMESTIC RETURN RECEIPT

CONF012167



LE TO COVER FIRST CLASS POSTAGE.  
ANY SELECTED OPTIONAL SERVICES. (See front)

Stuck to the right of the return address leaving  
office service window or hand it to your rural carrier.

the gummed stub to the right of the return address of  
mail the article

mail number and your name and address on a return  
the article by means of the gummed ends it space per-  
son of article RETURN RECEIPT REQUESTED

or to an authorized agent of the addressee, endorse  
the article

places on the front of this receipt. If return  
Form 3811

U.S.G.P.O. 1987-176-131

P 7 8 9 3 3 9 5 1 1

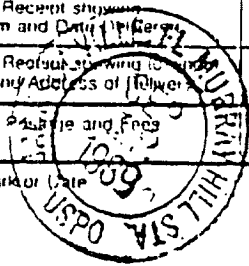
# RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to	R.K. Stiefel
Street and No	21 Main St
P.O. State and ZIP Code	[REDACTED]
P	[REDACTED]
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date of Delivery	
Return Receipt showing to whom Date, and Address of Returner	
TOTAL Postage and Fees	
Postmark or Date	

PS Form 3800, June 1985



CLERK OF CIRCUIT AND COUNTY COURT  
PUTNAM COUNTY, FLORIDA

CASE NUMBER: 89-0450 CF- M  
CURRENT TO.: 8/30/89 14:15 PAGE:

\*\*\*\*\*  
\* C R I M I N A L D O C K E T \*  
\*\*\*\*\*

STATUS: DISPOSED  
TYPE.: CRIMINAL FELONY  
JUDGE.: ROBERT R PERRY

DEFENDANT'S NAME: STIEFEL, RONALD K DOB: 4/10/46 \* IN JAIL

COUNT	DESCRIPTION OF CHARGE	FINAL ACTION	
I	LEWD OR LASCIVIOUS ASSAULT UPON CHILD	ADJUDGED GUILTY	F

RICHARD WHITSON ASSISTANT STATE ATTORNEY

HARRY J RAYMOND PUBLIC DEFENDER

COMPLAINT DATE.:	3/21/89	ARRAIGNMENT	:	5/01/89	:	0/00/00
ARREST DATE....:	4/10/89	PRE-TRIAL	:	6/01/89	:	0/00/00
INFORMATION....:	4/21/89	SENTENCING	:	7/18/89	:	0/00/00
CAPIAS ISSUED...:	3/31/89		:	0/00/00	:	0/00/00
E-ARREST DATE..:	0/00/00		:	0/00/00	:	0/00/00
WHEEDY TRIAL...:	10/07/89		:	0/00/00	:	0/00/00

FILE DATE	DCK#	D O C K E T	E N T R Y
3/31/89	1	COMPLAINT	
	2	WARRANT ISSUED	
4/11/89	3	ARREST REPORT - BOND SET AT \$1004.	
	4	AFFIDAVIT OF INSOLVENCY	
4/12/89	5	WARRANT RETURNED EXECUTED	
4/19/89	6	ARREST REPORT OTHER - FROM ALACHUA COUNTY	
4/20/89	7	NOTICE TO DEFENDANT	
4/21/89	8	INFORMATION	

CLERK OF CIRCUIT AND COUNTY COURT  
PUTNAM COUNTY, FLORIDA

CASE NUMBER: 89-0451 CF- M  
CURRENT TO.: 8/30/89 14:16 PAGE:

\*\*\*\*\*  
\* C R I M I N A L D O C K E T \*  
\*\*\*\*\*

STATUS: DISPOSED  
TYPE.: CRIMINAL FELONY  
JUDGE.: ROBERT R PERRY

DEFENDANT'S NAME: STIEFEL, RONALD K DOB: 4/10/46 \* IN JAIL

COUNT	DESCRIPTION OF CHARGE	FINAL ACTION	
I	LEWD OR LASCIVIOUS ASSAULT UPON CHILD	CONSOLIDATED	F

\* PROS. ATTORNEY NOT FOUND \*

\* DEFENSE ATTORNEY NOT FOUND \* TYPE OF COUNSEL

COMPLAINT DATE..	3/21/89	ARRAIGNMENT	:	5/01/89	:	0/00/00
ARREST DATE....	4/10/89		:	0/00/00	:	0/00/00
INFORMATION....	0/00/00		:	0/00/00	:	0/00/00
APIAS ISSUED...	3/31/89		:	0/00/00	:	0/00/00
ARREST DATE..	0/00/00		:	0/00/00	:	0/00/00
SPEEDY TRIAL...	10/07/89		:	0/00/00	:	0/00/00

FILE DATE DCK# D O C K E T E N T R Y

3/31/89	1	COMPLAINT
	2	WARRANT ISSUED
4/11/89	3	ARREST REPORT - BOND SET AT \$1004.
	4	AFFIDAVIT OF INSOLVENCY
4/12/89	5	WARRANT RETURNED EXECUTED
5/18/89	6	REQUEST FOR CONSOLIDATION AND CERTIFICATE - CASE TRANSFERRED INTO CASE NO. 89-450-CF-M.

BOY SCOUTS OF AMERICA

# ADULT APPLICATION

## PART ONE

Please print one letter in each space—press hard; you are making three copies.

UNIT SCOUTERS	
Check one	
<input checked="" type="checkbox"/> Pack No.	234
<input type="checkbox"/> Troop No.	
<input type="checkbox"/> Team No.	
<input type="checkbox"/> Post No.	
<input type="checkbox"/> Ship No.	

OR

COUNCIL/DISTRICT SCOUTERS	
Council/District position	
District No.	10

First name and initial

R	O	N	A	I	D														
						N													
						S	T	I	E	F	E	L							

Last name

Social Security number

[REDACTED]

Address—street or R.F.D.


Additional address information (if necessary)

2	1	0	3	S	1	1	V	E	R	L	A	K	E	D	R.
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	----

City

P	A	I	A	T	I	K	A												

State

ZIP code

Home phone

[REDACTED]
------------

Business phone

[REDACTED]
------------

Date of birth

0	4	1	0	8	C
---	---	---	---	---	---

Month Day Year

Training—  
see cover
☐
Position  
Code

W	A
---	---

Present employment—occupation, employer and business address

Florida SURVIVOR DRIVING

P.O. B. 610, PALM BEACH, FL 33408

Years at this  
employment

0	2
---	---

Previous employment—occupation, employer and business address

NURSING FIRM

Years at this  
employment

0	1	8
---	---	---

Boys' Life

Check one:

☒ New leader

☐ Former leader

Sex

M
---

Marital  
status

M
---

Number of  
children

5
---

Ages of  
children

17	13	11	6	5
----	----	----	---	---

Personal signature—see back cover

Ronald K. Stiefel

Date

9/18/80

Registration fee

\$			
----	--	--	--

Boys' Life fee

\$			
----	--	--	--

Term (months)

--	--

Unit renewal date

--	--	--	--

Month Year

If applicant has an unexpired membership certificate, registration may be accomplished by paying \$1 for processing the transfer. Check the box and attach certificate. It will be returned by the council.

FOR COUNCIL USE

Transfer from:

--	--	--	--

Council

Nat'l unit No.

Member ID No.

120783

Signature of Council representative

Approval—see back cover (sign here and in part two)

PRINT DATE: 05-02-87  
PRINT TIME: 14:13:40

NORTH FLORIDA COUNCIL BSA

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MAY 1987

BOOK C-3331

2-2-87 1-5-2

PALATKA

7

ADULT MEMBER LISTING

MEM NO	POS	FL	ST	NAME	ADDRESS	CITY & STATE	ZIP	DATE OF BIRTH	SEX	PHONE
049752	CM	P		DAVID Allen ANDREWS		EAST PALATKA	FL 32031	8/20/51	M	H
049762	TD	P		DOLORES F ANDREWS		EAST PALATKA	FL 32031	2/20/54	F	H
04992	WL	P		JOHN D BOONE		PALATKA	FL 32077	11/20/51	M	H
1707	CL	H		DAVID M COULSON		PALATKA	FL 32077	6/15/50	F	H
1412	MC	P		JENNIFER J CURTIS		PALATKA	FL 32077	2/24/60	F	H
110210	CD	H		DEEPA OLIVER		PALATKA	FL 32077	8/23/55	F	H
121672	MC	H		ANTHONY L CUNGAN		PALATKA	FL 32077	7/12/51	M	H
110213	EL	H		DAVID GALVIN		PALATKA	FL 32077	6/20/51	M	H
120781	CL	H		LAURIE J GALVIN		ORANGE PARK	GA 01864	12/12/55	F	H
049777	ED	H		WILLIAM B HANCOCK		PALATKA	FL 32077	6/20/52	M	H
120782	LA	H		RONALD A STIEBEL		PALATKA	FL 32078	4/10/51	M	H
120782	EL	H		LYNNE TAYLOR		PALATKA	FL 32077	1/22/52	F	H
049740	MC	P		BEVERLY WHITE		PALATKA	FL 32077	12/20/55	F	H

12 ADULTS PRINTED

CONF012172

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PRINT TIME: 14:10:12

NORTH FLORIDA COUNCIL BSA

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MAY 1992

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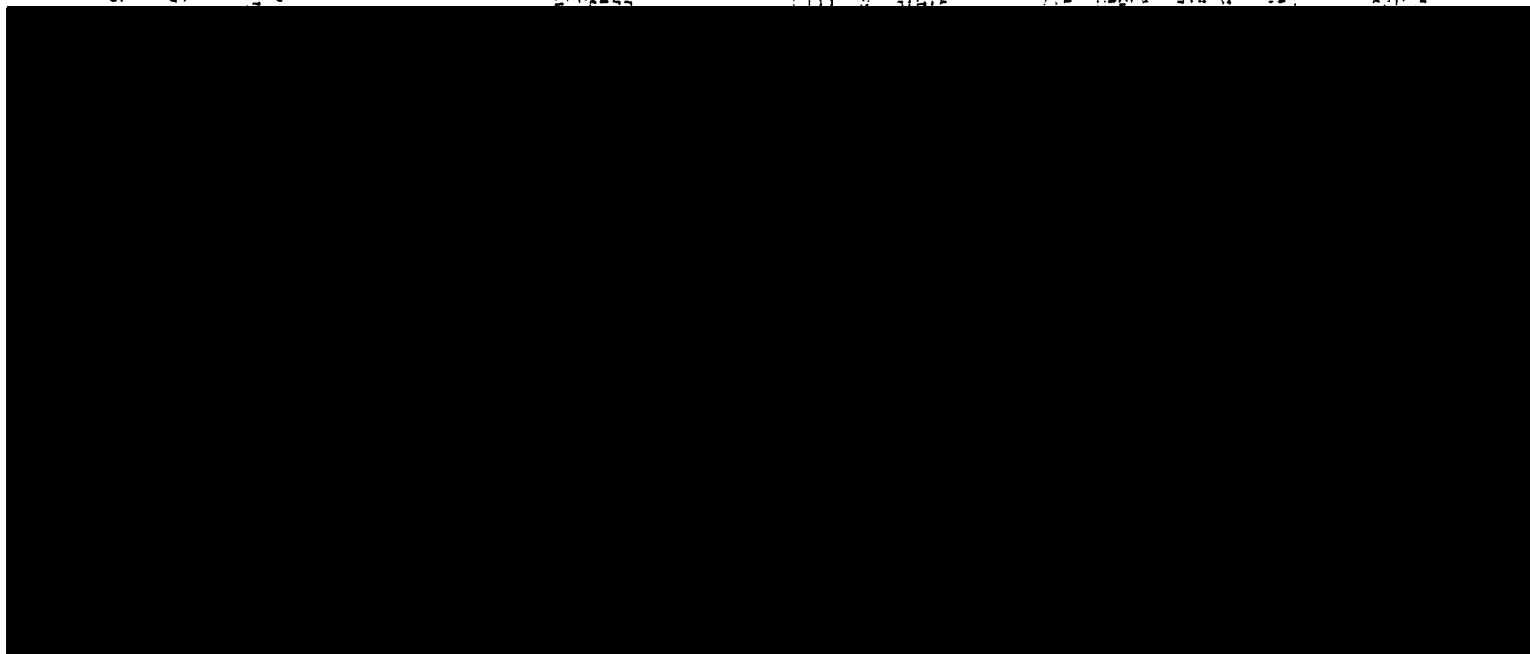
R O S T E R

PALATKA

CL

YOUTH MEMBER LISTING

MSB NO	PK	SI	ST	NAME	ADDRESS	CITY & STATE	ZIP	GRADE	DATE OF BIRTH	SEX	PHONE
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UNIT TOTALS

01 TOTAL BO YOUTH  
02 TOTAL BO ADULT  
03 TOTAL BL CUBS

\*\*\* END OF REPORT \*\*\*

CONF012173

